

# I

## SPECIALISM IN MEDICINE, WITH PARTICULAR REFERENCE TO VENEREAL DISEASE \*

By SIR HUMPHRY ROLLESTON, BART., K.C.B., M.D.,  
Regius Professor of Physic in the University of Cambridge.

LET me thank you very sincerely for the honour of being elected President of this young and active Society, which confines its energies to the medical aspects of a most important cause of individual disease and of national deterioration, wisely leaving to an existing organisation the moral and sociological problems of prevention and combating the spread of venereal disease.

The question whether or not specialism is good or bad for medicine, as a whole, was settled long ago ; but with the birth of each new specialty there is always some, no doubt natural, feeling of reluctance of the parent body to part with its offspring, which, indeed, is usually vigorous enough to insist on following its own independent existence. There is, of course, a good deal to be said against the progressive disintegration of medicine entailed by the segregation of those who are specially interested in a particular organ or part of the body, for eventually, if carried to its logical conclusion, the mosaic of general medicine might be so broken up as to bring about a reversion to the state of affairs in ancient Egypt about 500 B.C., when each disease had its own expert who did not concern himself with any other malady.

With the ever-increasing scope of medicine and surgery the evolution of specialism has kept pace. First came special hospitals, such as the Royal Ophthalmic Hospital, Moorfields (1804), the Royal Hospital for Diseases of the Chest (1814), the Royal Ear Hospital (1814) ; then special departments at general hospitals

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## BRITISH JOURNAL OF VENEREAL DISEASES

were started, and were officered by their own general physicians and surgeons. The special hospitals naturally were first in the field with medical officers who confined their activities to the diseases treated at the hospital ; but I remember the time when nearly all the surgeons at the Royal Ophthalmic Hospital, Moorfields, were general surgeons on the staff of teaching hospitals, whereas now there are, of course, none, and at other hospitals the special departments are mainly in the charge of men who devote their energies solely to one subject.

What are the reasons which should weigh in deciding what is and what is not a real and legitimate specialty ? The amount of special knowledge and experience must be so considerable as to make it extremely difficult, if not impossible, for a general physician, surgeon or practitioner competently and conscientiously to undertake the work and responsibilities in addition to his other manifold duties. The second and probably the more important criterion is the degree of technical skill required for discharge of the methods of diagnosis and treatment of the conditions constituting the particular branch of medicine or surgery. In the early treatment of venereal disease, if it is to be efficiently carried out, the technique demands considerable training and experience, and, in order to maintain the standard consistent with the best results, constant practice is essential. A third reason for the establishment of a specialty is to counteract, in the interests of the public, the activities of irregular practitioners ; for any branch of the healing art which does not greatly interest the majority of medical men is likely to be neglected, and, as a result, there is an opening for irregular practitioners. In no branch of medicine is there more danger than in venereal disease that members of the public will resort to advertising quacks, and be fleeced of their money and disappointed of getting well quick.

It may be well to consider briefly the real function of a specialty ; it is essentially to facilitate intensive study of the subject and to perfect technique. Those working in such special departments, therefore, are leaders and courts of appeal for the rank and file of the profession, who necessarily have to deal with the bulk of the patients. This may be a truism, but to recall it may not be out of place in the light of the dictum of a practitioner, probably irritated by the real or fancied loss of his clients, " Never

## SPECIALISM IN MEDICINE

send a patient to a specialist." "Specialist" and "consultant" are not quite synonymous terms in practice, though the specialist is much the same as a consulting surgeon in operating on patients, whereas a consulting physician's activity is usually limited to prescriptions and verbal advice. The true and most beneficial function of a specialist is, of course, to be the guide and co-worker of the medical practitioner, and not to take his place entirely.

Venereal disease in the past has been more closely allied with what in contradistinction to "internal medicine," the province of the physician, might be called "external medicine," namely, surgery and especially urology, so that genito-urinary departments undertook the treatment of syphilis and gonorrhœa. More recently dermatology, which more justly deserves the title "external medicine," has taken syphilis under its wing, as is shown by the names of various journals—*The British Journal of Dermatology and Syphilis*, "*The Official Organ of the British Association of Dermatology and Syphilography*," which adopted this new name in 1917 in place of that of simply *British Journal of Dermatology*; *The Archives of Dermatology and Syphilography*, Chicago; *Les annales de dermatologie et de syphilographie*, Paris; and *Archiv für Dermatologie und Syphilis*, Wien und Leipzig. Syphilis, which obviously has important relations with dermatology, as it has with all organs of the body, has thus been divorced from gonorrhœa, which has so few connections with dermatology. This is an artificial distinction, as it separates two diseases of venereal origin. The position of venereal disease, as a special branch of medicine based particularly on etiological considerations, is rather different from that of other specialties which deal with the disorders, whatever their nature, of an organ, locality, or system. Further, the late results of syphilis, which may occur in practically every tissue and part of the body, bring it into close relation with all the divisions of medicine. But these late results of syphilis should be under the care of the general physician, surgeon or practitioner, rather than exclusively of the specialist in venereal diseases.

On the whole, there is more to be said in favour of allying venereal diseases with genito-urinary disease as a comprehensive specialty than for their association with

## BRITISH JOURNAL OF VENEREAL DISEASES

dermatology. With some familiar exceptions, gonorrhœa and syphilis, in their early stages, are local lesions on the genitals, and so must be distinguished from non-venereal diseases in the same region, and the complications of gonococcal infection mainly come within the scope of genito-urinary surgery. But genito-urinary workers have comparatively recently (1920) united with those interested in the medical diseases of the kidney to form a section of urology at the Royal Society of Medicine, so that there is an opportunity for a triple alliance and extended team-work.

The study of venereal disease cannot be a subordinate part of any other specialty, for this would narrow its outlook and activities; it demands intensive work, special technique, and thus, as the special departments and clinics for venereal diseases at the hospitals and under the Ministry of Health show, has won its place as a recognised specialty. The opportunities for research are most attractive, and further, its potentialities for good in improving the national health must appeal to all who have humanitarian and sociological ambitions.

The BRITISH JOURNAL OF VENEREAL DISEASES, under the editorship of Lieut.-Colonel L. W. Harrison and Mr. E. R. T. Clarkson, with a number of sectional editors, first appeared in January, 1925, with the object of meeting the wants both of general practitioners and of those specialising in venereal disease. In 1924, when the matter was discussed, the Society did not assume financial responsibility for the JOURNAL, and eleven guarantors came forward. The JOURNAL, which, as you know, comes out quarterly, evidently supplied a real want, and the list of subscribers, who come from Africa, Asia and Australia, as well as from Europe, has steadily lengthened during its two years of active life. In July last the Society formally assumed the proprietorship, and must both congratulate the editors on their success and thank them most heartily for their devoted labours.